

APPLICATION FOR APPROVAL OF SPECIAL PROGRAM OF STUDY (SPOS)

Email this application of Special Program of Study directly to Donna Tiesler at donna.tiesler@tn.gov by May 21, 2009.

Section A - SYSTEM INFORMATION - This section is to be completed for all requests.

Date of Application _____

School System _____ State System Number _____

Contact Person _____

E-mail _____

Phone Number _____ Fax Number _____

Section B – SPECIAL PROGRAM OF STUDY INFORMATION - This section is to be completed for all requests.

NOTE: The proposed Special Program of Study that differs from the state approved Program of Study must be part of this application.

1. Proposed Special Program of Study:

Cluster _____

Program Area _____

Title of SPOS _____

School/s _____

Three or more credits in a course sequence are required for a SPOS.

Course (Title and Course Code)	Sequence	Credits
Total Credits		

2. High-skill, high-wage, or high-demand occupations should be determined by Local Workforce Investment Area (LWIA) data. Information may be found at http://www.tn.gov/labor-wfd/cc/ccareas_local.htm. Please attach supporting documentation.

3. Does the proposed SPOS provide articulation and/or dual credit opportunities?
Yes _____ No _____

If yes, list the post secondary institutions.

4. Texts and/or supplementary materials to be used if other than state approved materials:

The information on this application is complete and accurate. Assigning the proposed instructor to this SPOS will not preclude having all State Board approved courses taught by appropriately endorsed teachers.

This SPOS approval will be valid for three years from date of approval for the school/schools designated.

Attested by CTE Director: _____

ED-5390